

**Note: This is sample
template it is
not an OMB
approved form.**

Universal 911 Dialing- Second Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

EAST KENTUCKY NETWORK, LLC

Service Provider Name

APPALACHIAN WIRELESS

Company Address, City, State, Zip

P.O. BOX 405
PRESTONSBURG, KY 41653

Service Provider Type ☒ Wireless ☐ Wireline

Name(s) of Wireless License Holder(s)

EAST KENTUCKY NETWORK, LLC
D/B/A APPALACHIAN WIRELESS

Contact Name
MICHAEL HUFFMAN

Contact Tel #
(606) 791-2375 EXT. 164

Fax #
(606) 791-2225

E-mail Address
mhuffman@ekn.com

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

OWSLEY COUNTY, KENTUCKY

DICKENSON COUNTY, VIRGINIA

For each area listed above, identify the emergency response point to which calls are now being routed.

OWSLEY COUNTY, KENTUCKY – KENTUCKY STATE POLICE – POST 7
RICHMOND, KENTUCKY

DICKENSON COUNTY, VIRGINIA – DICKENSON COUNTY SHERIFF OFFICE
(TO BE CHANGED TO A PSAP IN NEAR FUTURE)

Section 3

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of September 25, 2002.

Signature

MICHAEL HUFFMAN
Printed name of authorized representative

ACCOUNTING MANAGER
Title

SEPTEMBER 25, 2002
Date

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.